

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2097 / 4949

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ARMANDO A. MUSA JR.**

Mailing Address 11 NORTHFIELD GATE

City	State	Zip Code
PITTSFORD	NY	14534-2921

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
IBERDROLA USA

Occupation  
ATTORNEY

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2730.00

**Transaction ID : SA17.147119**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)**

**MS. MARY MUSA**

Mailing Address 13249 NW 10TH TER

City	State	Zip Code
MIAMI	FL	33182-2244

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.127928**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**TOREN MUSHOVIC**

Mailing Address 5694 S FULTON WAY

City	State	Zip Code
GREENWOOD VILLAGE	CO	80111-3718

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WHELLER TRIGG O'DONNELL LLP

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.141937**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....